



# **DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES**

## **Budget Request Fiscal Year 2014-2015**

**Prepared for:**

**Healthcare Budget Subcommittee  
House Ways and Means Committee**

***SOUTH CAROLINA DEPARTMENT OF  
ALCOHOL AND OTHER DRUG ABUSE SERVICES  
(DAODAS)***

***Budget Request  
Fiscal Year 2014-2015***

***Healthcare Budget Subcommittee  
House Ways and Means Committee***

***February 4, 2014***

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## South Carolina Department of Alcohol and Other Drug Abuse Services

NIKKI R. HALEY  
Governor

BOB TOOMEY  
Director

February 4, 2014

The Honorable G. Murrell Smith Jr., Chairman  
The Honorable William G. Herbkersman  
The Honorable Tracy R. Edge  
The Honorable William Clyburn

Healthcare Budget Subcommittee  
Ways and Means Committee  
South Carolina House of Representatives  
Columbia, South Carolina 29211

Dear Representatives:

The Department of Alcohol and Other Drug Abuse Services (DAODAS) respectfully submits the following fiscal year 2014-2015 budget plan for your consideration.

For the upcoming fiscal year, DAODAS is requesting no increase in recurring General Funds.

As outlined in Governor Haley's Executive Budget, DAODAS is requesting one program structural change, one increase in federal budget authority, and one increase in the agency's "Other Funds" authorization. Additionally, the department is requesting a \$100,000 allocation from the unclaimed prize fund of the Lottery Expenditure Account for gambling addiction, as required by State statute.

Thank you for your consideration of these items. If you have any questions concerning this request, please do not hesitate to call on me.

Sincerely,

Robert C. Toomey  
Director

RCT/jmm

**DAODAS**

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# South Carolina Department of Alcohol and Other Drug Abuse Services

## Departmental Overview

### Mission and Values

The DAODAS mission statement focuses on achieving positive health outcomes and increasing the quality of life of South Carolinians:

*“To ensure the availability and quality of substance abuse prevention, treatment, and recovery services in South Carolina, thereby improving the health status and quality of life of individuals, families, and communities.”*

At the heart of this statement are the agency’s core values of respect, integrity, and dedication. DAODAS adheres to guiding principles that outline how the agency and its employees conduct business. Among others, these principles include:

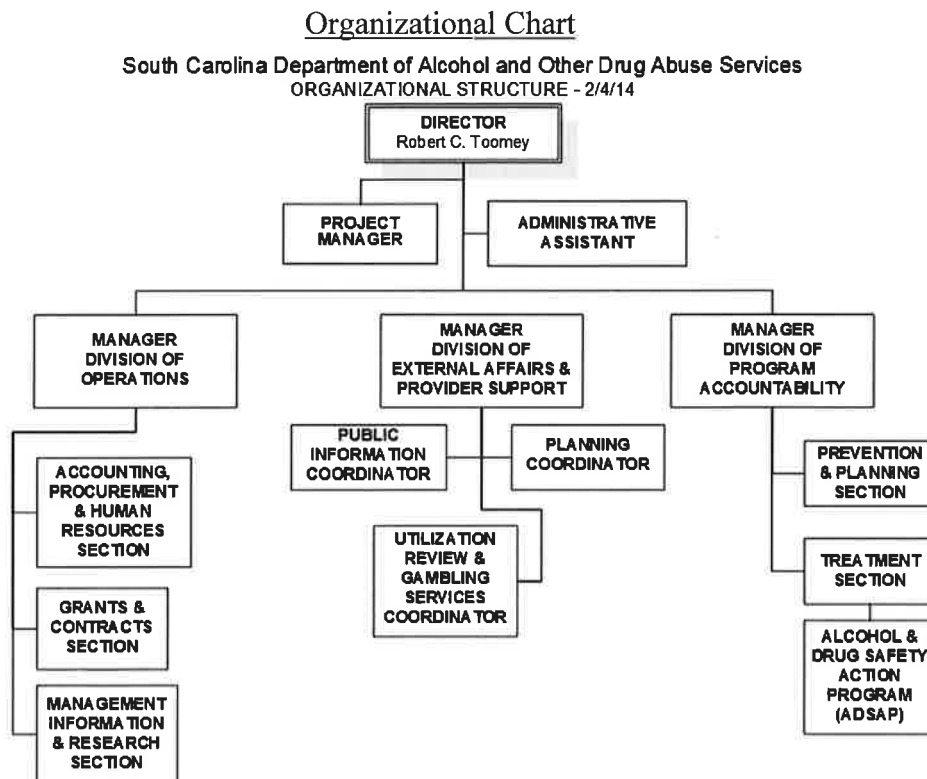
- the belief that addiction is a primary and chronic disease that is preventable and treatable;
- the understanding that the individual client is the priority;
- DAODAS’ commitment to providing statewide leadership on all substance use and addiction issues;
- DAODAS’ willingness to work collaboratively with both public and private providers of substance abuse services, as well as universal healthcare providers; and
- DAODAS’ commitment to collaborate more effectively to achieve positive health outcomes for South Carolinians who may be involved in multiple healthcare systems.

### Main Products and Services

Three major products are offered by the department and are delivered by contracting with 33 certified substance abuse providers and a range of state agencies and community partners:

- *Prevention services* are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of alcohol-, tobacco- and other drug-related problems. Services are implemented in communities and schools throughout South Carolina, and are delivered by a local network of state-licensed and nationally accredited providers.
- *Intervention services* work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco and other drugs. The Alcohol and Drug Safety Action Program (ADSAP), the state’s DUI offender initiative, is the most recognizable intervention program and is delivered by a local network of state-licensed and nationally accredited providers.
- *Treatment services* are designed to improve the lives of individuals and families affected by substance abuse through the provision of individualized care to reduce the health and human service costs, as well as the economic cost, to our communities and state. Specific substance abuse services range from outpatient treatment, which is available in every

county, to specialized treatment services, such as detoxification, adolescent inpatient treatment, and/or other residential services. Specialized services are available on a county, regional, and/or statewide basis, and are delivered by a local network of state-licensed and nationally accredited providers. These include specialized services for women and children that are provided through four long-term residential treatment programs and one long-term transitional housing program; services to adolescents; and services to incarcerated and paroled individuals. *(Note: This list is not inclusive of all the innovative programs offered.)*



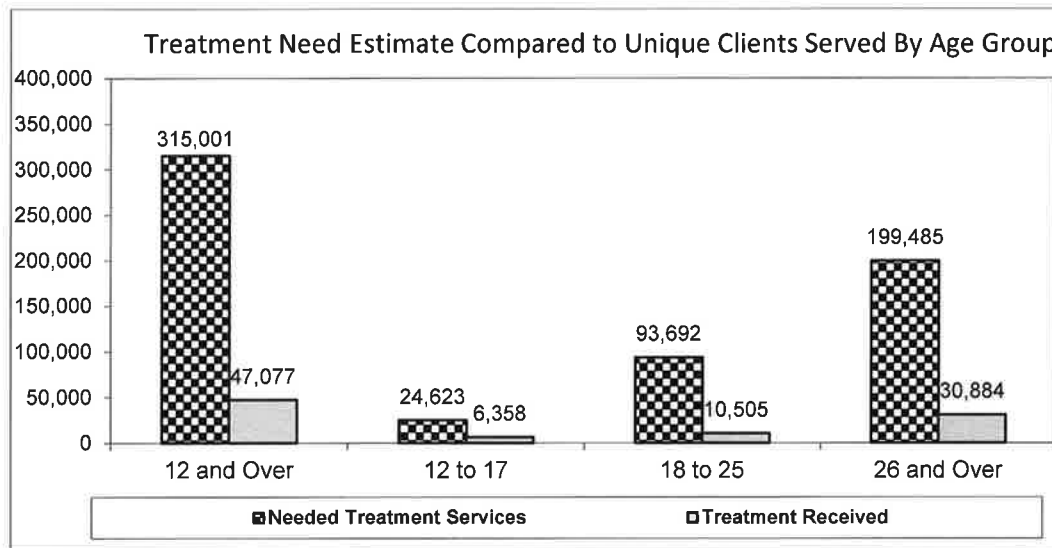
Source: DAODAS Division of External Affairs and Provider Support

### Key Agency Officials

- Bob Toomey – Director
- Lee Dutton – Manager, Division of External Affairs and Provider Support  
Legislative Liaison
- Lillian Roberson – Manager, Division of Operations  
Budget Director

## South Carolina Department of Alcohol and Other Drug Abuse Services Outcome Highlights

DAODAS estimates that approximately 315,000 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment; that is one in 10 South Carolinians. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network), as well as other public and private contractors. During fiscal year 2013 (FY13), DAODAS and its provider network met this need for 47,077 South Carolinians.

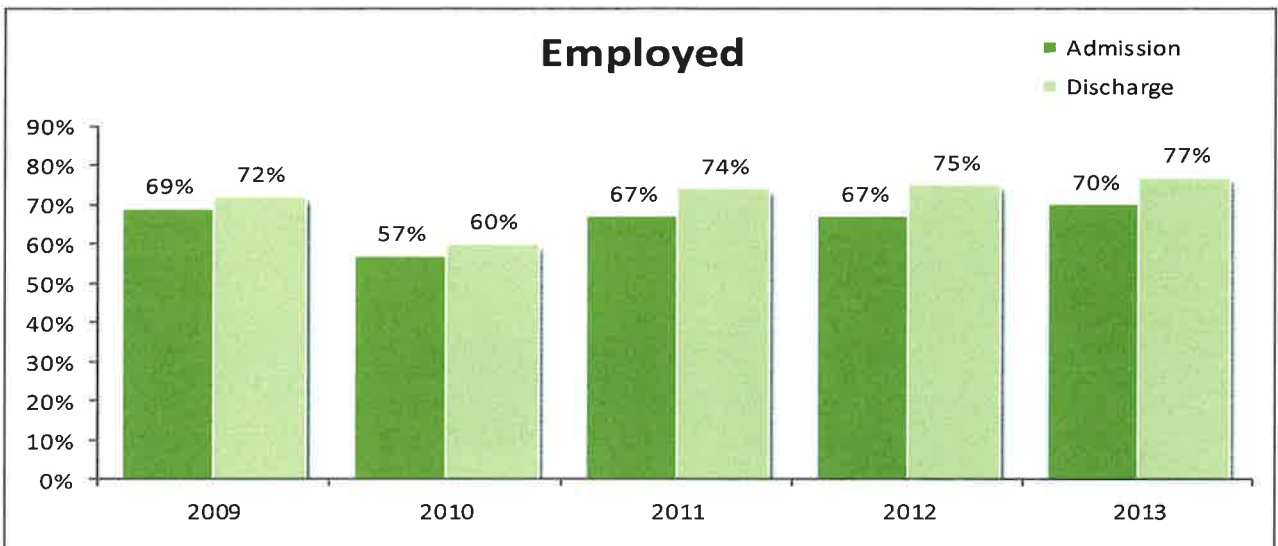
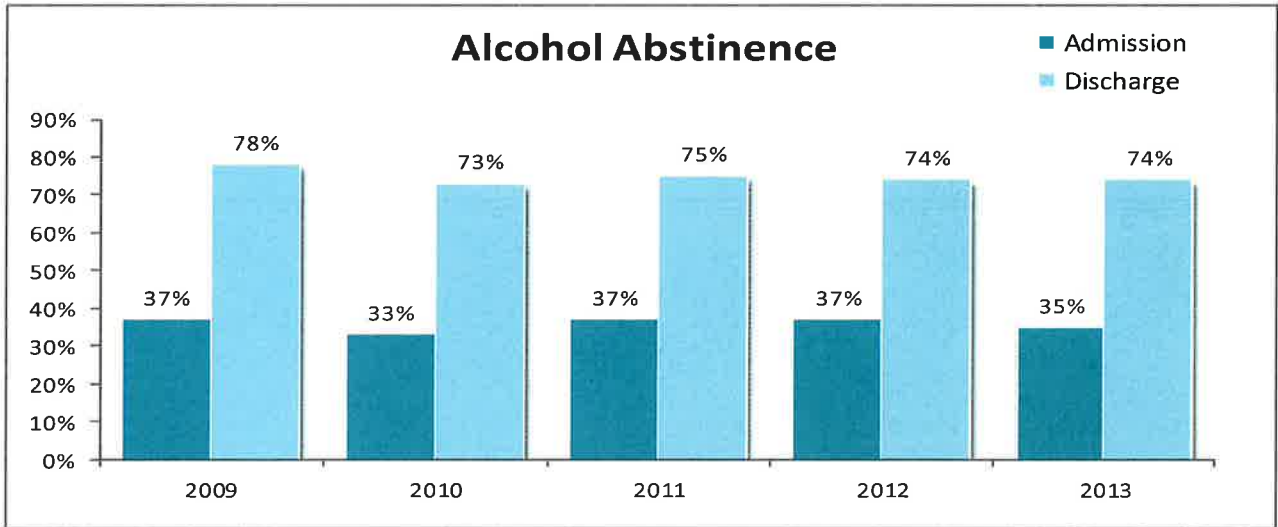


*Source: DAODAS Division of Operations, Management Information and Research Section; FY13 Unique Unduplicated Clients, DCSL Based, Special Demographics; Estimates are based on the 2010-2011 National Survey of Drug Use and Health (NSDUH, State Level Estimates)*

### Treatment and Prevention Outcomes / Quality of Life / Economic Development

**Achievement - Treatment:** 73.6% of surveyed clients report no alcohol use at 90 to 110 days following discharge from services, an increase of 38.6% from admission; 76.7% of surveyed clients report that they were gainfully employed at 90 to 110 days following discharge, an increase of 6.6%. These outcomes show that treatment works and that substance abuse services have a positive impact on the quality of life of South Carolina communities, thereby improving health outcomes, impacting the economic capacity of residents, and leading to clients' ability to maintain health, home, purpose, and community.

From the above federal National Outcome Measures (NOMs) results, it is clear that clients receiving services at the local level are "getting better," reducing their alcohol and other drug use, going back to work, and staying in school. Specifically, clients are using less, abusing less, and achieving certain levels of sustainable recovery. These are the key measures of mission accomplishment and partner performance. In terms of comparison to other organizations, no other outcome measures are made available by private substance abuse service providers in South Carolina that track with the NOMs. Nationally, the state ranks ahead of other states in achieving these measures.



Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Unmatched Clients

### Efficiency and Effectiveness Measures

Specific client-retention data include: 1) assessment provided within two working days of intake – target 75%; and 2) clinical service provided within six working days of assessment – target 50%. The department also requires that local providers meet two objectives on the client's completion-of-treatment-services and completion-of-outcome surveys, which provide the raw numbers for the NOMs outcomes.

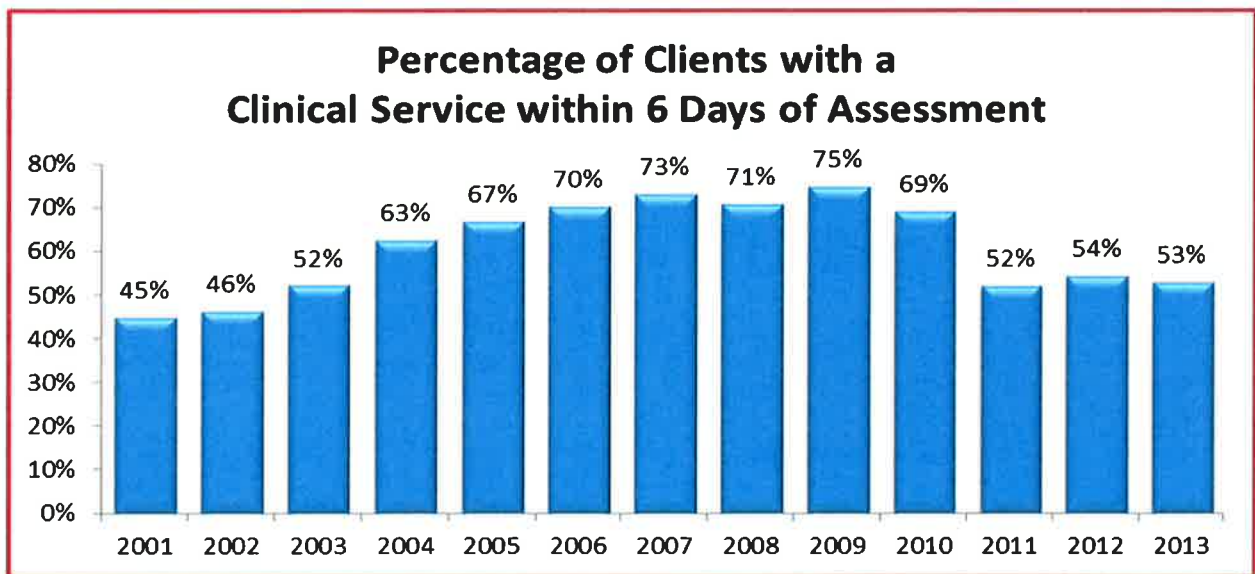
Trends in these efficiency measures have shown measured accomplishments throughout the several years on client treatment and retention, and thus positive results in achieving sustainable recovery, reducing harm, and reducing abuse. In terms of comparison to other organizations, no outcome measures are provided by private substance abuse service providers in South Carolina that track these data points. However, nationally, the state ranks ahead of other states in achieving these measures.



## Substance Abuse Access, Treatment, and Retention



Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients – FY13



Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients – FY13

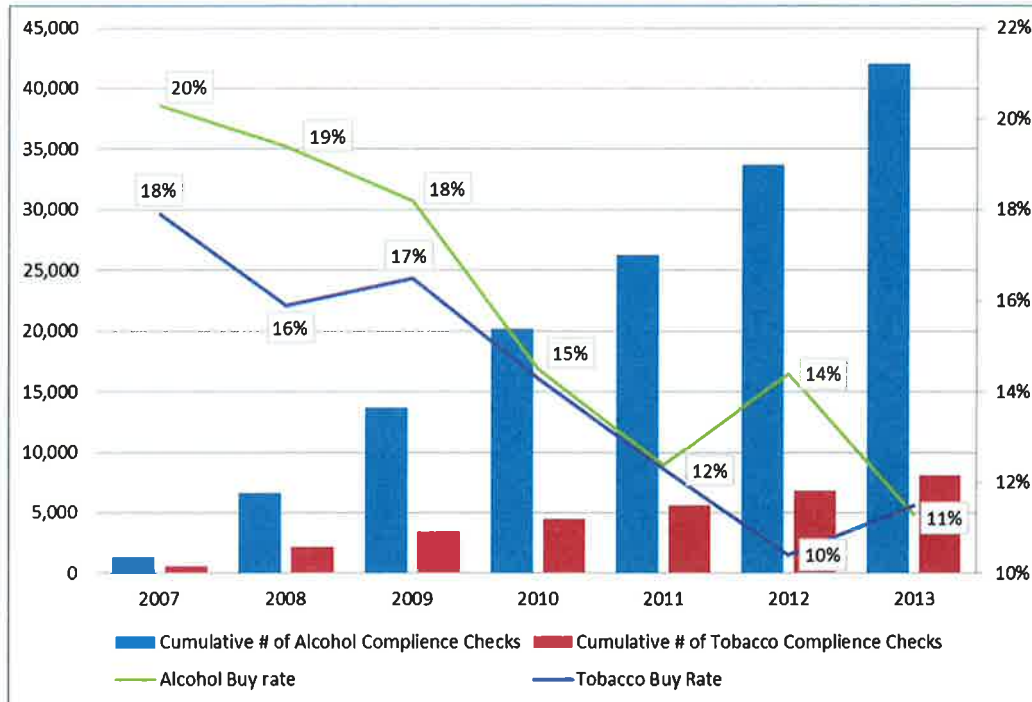
## Prevention Outcomes

- **Achievement - Prevention:** Outcomes (\* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 during FY13 included: 23.8% reduction in the number of alcohol users\*; 20.4% reduction in the number of inhalant users\*; and 4.6% improvement in decision-making skills\*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 332 in FY13.

The outcomes show that prevention works and has a significant impact on quality-of-life indicators, as well as forestalling chronic disease in South Carolina. Prevention data also

show that children and youth are using harmful substances less as a result of receiving prevention services, an indicator that is normally associated with intervention activities.

- Achievement -Prevention of Underage Drinking* – The department continues to implement provisions of the Prevention of Underage Drinking and Access to Alcohol Act of 2007. In FY13, DAODAS supported the Alcohol Enforcement Team (AET) effort, which focuses on community coalition maintenance and development, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. Specific activities include alcohol compliance checks at retail outlets, bars, and restaurants; public safety checkpoints; and party dispersals. Merchant training is also a priority. In FY13, 8,324 compliance checks were conducted under the auspices of the AET effort, with a resulting 11.3% purchase rate. Law enforcement prevented or dispersed 299 underage parties, and 1009 checkpoints were set up on South Carolina’s highways, with more than 1,300 tickets being written, including 135 underage violations..



Source: DAODAS Division of Program Accountability, Prevention Section / PIRE Evaluation, FY13

DAODAS believes that the dissemination of its underage-drinking prevention messages is the most important effort undertaken by the department, with great strides being made toward the goal of halting underage drinking and the disastrous impact such behavior can have on individuals, their families, and innocent victims. In fact, according to the 2011 National Survey on Drug Use and Health, South Carolina ranks the 3<sup>rd</sup> lowest in underage drinking rates for the age cohorts 12-20. This is evidence that the cumulative effects of prevention efforts in South Carolina are working.

## **South Carolina Department of Alcohol and Other Drug Abuse Services 2014 Program Focus**

1. **Recovery Program Transformation and Innovation (RPTIF)** – DAODAS has worked closely with the Department of Social Services (DSS) to better identify clients within the DSS service network who may need substance abuse services. Chief among the successful efforts in working with DSS is the development of programming to design a more comprehensive package of family services for substance-abusing clients. Working to reduce foster care and to target families, DAODAS and DSS have entered a partnership to establish Family Care Centers (FCCs) to prevent and reduce the separation of children from their families in cases where substance abuse is the primary issue. FCCs are long-term residential substance abuse treatment facilities where services are focused on reunification and therapeutic interventions, as well as the treatment of substance use disorders. During fiscal year 2013 (FY13), working with DSS and other community partners, three FCCs were successfully planned. Duke Endowment funds were obtained to seed the operation of these facilities. *Action:* DAODAS will expand services to pregnant women and their families who experience substance abuse problems during FY14. Two additional FCCs will become operational during FY14 in Charleston and Spartanburg. Currently, 20 women and children are being served in Rock Hill and Columbia.

To expand the FCC program, DAODAS worked with the Department of Health and Human Services (DHHS) to invest a percentage of funds received from the Attorney General's Office as a result of various legal action awards (i.e., settlements) won against pharmaceutical firms. DHHS transferred \$3 million to mitigate the long-term and economic costs of addictive disorders, and to reduce the liability associated with these disorders represented by a disproportionately high rate of co-occurring chronic physical disease. DHHS recognizes that long-term improvement in South Carolina health status will require investments in access to addictions treatment and recovery-support services, as well as significant improvements in treatment quality. These funds have been contracted to increase access to treatment, to improve service engagement, and to enhance collaboration and integration of services. *Action:* Funding will again be requested from DHHS to continue to address the establishment of FCCs, the implementation of an electronic health record system within the substance abuse provider network, and other contractual services that could target prescription drug use, recovery support, and professional development (targeting quality of services).

2. **Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model With Pregnant Women** – DAODAS has participated in an effort with DHHS to implement an SBIRT initiative for pregnant women who are currently receiving Medicaid services through the Medical Home Network (MHN) program. During FY13, more than 370 healthcare professionals were trained in the use of the SBIRT tool. DAODAS, in conjunction with the local substance abuse provider network, increased services to pregnant women by 3.3%. The department has also partnered with DHHS efforts to implement the Birth Outcomes Initiative, which seeks to ensure full-term births for Medicaid recipients. A key strategy of this group for FY13 was the accurate diagnosis of Neonatal Abstinence Syndrome and prescription drug abuse.

*Action:* DAODAS will expand its SBIRT efforts during FY14 across a mix of six urban and rural counties focusing on adults in primary care physician's offices and in Federally Qualified Health Centers.

3. **Medicaid Carve-In** – Beginning February 1, 2013, the department implemented a “carve-in” of substance abuse services within the Medicaid managed care arena and in association with DHHS and Behavioral Health Services Association of South Carolina Inc., the membership organization of the state’s county alcohol and drug abuse authorities. The goals of this effort are to better coordinate care for substance abusing clients across systems, to expand access to inpatient services by re-establishing bundled rates for those services, and to create opportunities for long-term recovery. DAODAS was the first state agency system to implement managed care operations. As of January 2014, six managed care organizations are participating in the Medicaid carve-in of substance abuse services.
4. **Transitional Housing** – DAODAS has also focused on recovery through the support of transitional housing that will increase recovery prospects for substance-abusing individuals. Specifically, the department has renewed ties with Oxford House Inc., an organization that establishes self-sustaining houses for individuals in recovery from substance use disorders. In partnership with Oxford House, a position for an Outreach Coordinator was established in April 2013. *Action:* Two new Oxford Houses are slated to open in Greenville and Conway during 2014 (bringing the state’s total to 17), with a goal of working with the Department of Corrections to transition recovering individuals into Oxford Houses once they are released from prison.
5. **DAODAS Dashboard Measures** – The creation of the “DAODAS Dashboard Measures” enables the agency to readily provide up-to-date counts of all clients entering services; pregnant clients entering services; clients with co-occurring disorders entering services; and alcohol compliance checks designed to prevent alcohol sales to minors.

During FY13, indicators show positive results in all indicators. The agency will continue tracking the dashboard measures as key indicators of access to service success during FY14.

Dashboard Measure	FY 14 (YTD)	FY 13 (YTD Comparison)	Annual Change
Count of Total Admissions	12,393	12,553	-1.3%
Count of Pregnant Clients	300	295	1.7%
Count of Co-Occurring Clients	2,265	2,448	-7.5%
Count of Alcohol Compliance Checks	3,198	2,813	13.7%

## **South Carolina Department of Alcohol and Other Drug Abuse Services**

### **Key Strategic Goals**

The overall strategic goal for DAODAS states that:

*“Clients in treatment will achieve sustainable recovery; and client attitudes and behaviors will change, leading them to refrain from use, refrain from abuse, and reduce harm.”*

DAODAS will achieve the following strategic goals:

- 1) improve the effectiveness of treatment and intervention programs;
- 2) improve the effectiveness of prevention programs;
- 3) improve the efficiency of the service-delivery system;
- 4) ensure that all clients and the citizenry are stimulated and engaged;
- 5) collaborate more effectively with service providers and stakeholders; and
- 6) make available the necessary resources to improve the agency’s capacity to provide efficient and effective services.

### **Key Strategic Challenges**

#### **Key Strategic Goals**

##### **#1 Reducing Administrative Costs and Duplication of Services**

###### *Related Goals of DAODAS Strategic Plan*

- To consistently make available the necessary resources to improve the department’s capacity to provide efficient and effective services.
  1. Implement system integration with primary healthcare and behavioral healthcare systems.
  2. Increase electronic recordkeeping and information technology capabilities.
  3. Identify and address internal process-improvement actions to achieve better response times. Focus on complying with federal block grant application requirements and strategic initiatives.
- To improve the efficiency of the service-delivery system.
  1. Focus on Recovery-Oriented Systems of Care.
  2. Expand Peer Support Services.
- To collaborate more effectively with service providers and stakeholders.
  1. Focus on capability for treating clients with co-occurring disorders and non-AOD disorders, where appropriate.
  2. Focus on increasing access to the availability of housing opportunities for clients in need of a safe environment.
  3. Focus on increased services for adults, but specifically pregnant women and children by implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs with Medicaid populations and across the physician community.

4. Work with the Department of Social Services to identify clients in need of substance abuse services and ensure seamless referrals.
  5. Increase service capacity for populations with high rates of readmission and to improve access for underserved populations thereby impacting access disparities, enhancing individual and family outcomes and increasing the coordination of services.
- To ensure that all clients and the citizenry-at-large are stimulated and engaged.
    1. Focus on families.
    2. Work closely with advocacy groups to better identify recovery needs.
  - Ensure consistent funding and fiscal and programmatic accountability.
    1. Work to increase the substance use service providers' capacity to bill public and private insurance and to support enrollment into health insurance for eligible individuals served in the substance use disorder system.
    2. Develop and implement a block grant reallocation formula for treatment funding that more equitably distributes substance abuse funding.

## #2 Increasing Evidence-Based Prevention Programming

### *Related Goal of DAODAS Strategic Plan*

- To improve the effectiveness of prevention programs.
  1. Capitalize on success in current prevention efforts and expand program efforts to address underage drinking and reduce car crashes that involve underage drinking.
  2. Develop and implement a plan to reduce Fetal Alcohol Syndrome and increase healthy birth outcomes.

## #3 Increasing Evidence-Based Treatment Programming

### *Related Goal of DAODAS Strategic Plan*

- To improve the effectiveness of treatment and intervention programs.
  1. Work to further integrate research based best practices into treatment protocols through coordinated training efforts by establishing an integrated practice model in the field of addictions across South Carolina.
  2. Work to establish an alcohol and drug license for clinicians.
  3. Continue focusing on systems change to increase access to services for adolescents, adults, and families seeking health and human services.

## #4 Focusing on Statewide Infrastructure Needs

### *Related Goal of DAODAS Strategic Plan*

- To improve the efficiency of the service-delivery system.
  1. Implement business protocols across the local provider system to access public and private insurance products.
  2. Increase service capacity.

## #5 Performance Data Decision-Making

### *Related Goal of DAODAS Strategic Plan*

- To provide the necessary resources to improve the agency's capacity to provide efficient and effective services.
  1. Develop and implement incentive contract processes based on service benchmarks.
  2. Reduce organizational risk by implementing alternative data management systems.
  3. Establish an Information Technology Officer and to adhere to the Governor's Directives on ensuring a secure IT system.

## **Direction for Fiscal Year 2014**

During FY14, the department's director continues to provide the necessary leadership to re-vision the strategic direction of the agency. Capitalizing on more than 57 years of success in ensuring access to substance abuse services for the citizens of South Carolina, DAODAS remains mission-focused as it works to maintain existing services while partnering to develop new strategies for providing services, including an emphasis on management, accountability, and performance. DAODAS focuses on efficiency and effectiveness. DAODAS continues to:

- assess internal processes to better serve its customers;
- work with the public and private provider networks to **increase health outcomes** and – through collaboration with other state systems – better serve all South Carolinians;
- collaborate more closely with primary healthcare, behavioral healthcare, and universal healthcare providers to **increase capacity** for serving individuals with substance abuse disorders; and
- meet “head on” the **challenges** that face other state entities and provider agencies: DAODAS is facing a rapidly changing healthcare industry, as the Affordable Care Act (ACA) will be implemented across the nation beginning in 2014 and continuing through 2020. A major challenge for the department will be to maintain operating resources (human capital) and an essential range of covered services in a time of potential budget cuts (financial) from the federal level, along with proposed stringent regulatory changes in the management of the Substance Abuse Prevention and Treatment (SAPT) Block Grant that is provided to the states through the Substance Abuse and Mental Health Services Administration (SAMHSA). Part of the new requirements associated with the ACA is the emphasis on the provision of services by licensed individuals, which will impact provider budgets with increased human resources costs; and
- develop plans to address the delivery of the agency's core mission through **service integration** as well as tapping underutilized private and public resources.



## South Carolina Department of Alcohol and Other Drug Abuse Services Other Funds Authorization for FY14

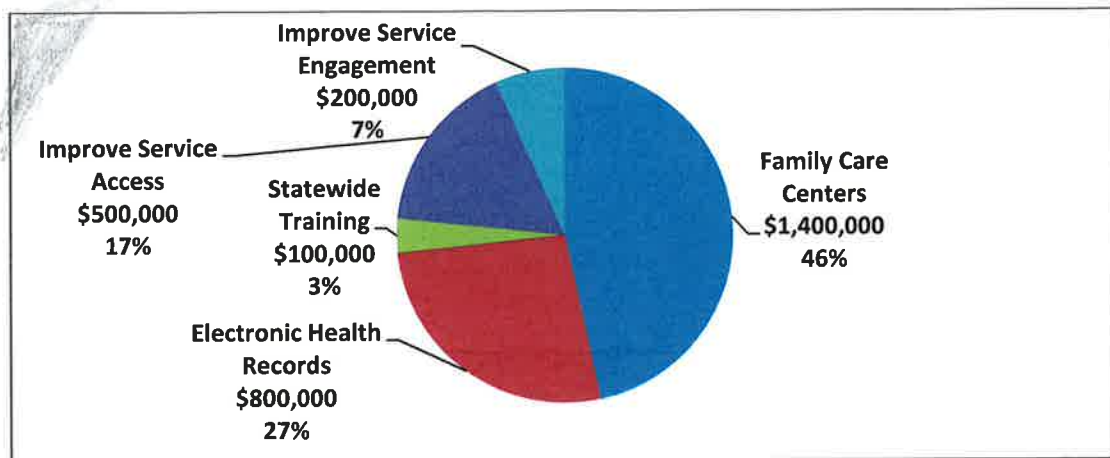
In December 2012, Anthony Keck, Director of the South Carolina Department of Health and Human Services (DHHS), agreed to distribute a percentage of funds that DHHS receives from the Attorney General's Office as a result of various legal action awards (settlements) won against pharmaceutical firms. These funds would be transferred annually to the Department of Alcohol and Other Drug Abuse Services.

DHHS has adopted a policy of investing these funds so as to mitigate the long-term and economic costs of addictive disorders, and to reduce the liability associated with those disorders represented by a disproportionately high rate of co-occurring chronic physical disease and also recognizes that long-term improvement in South Carolina health status will require investments in access to addictions treatment and recovery-support services and significant improvements in treatment quality.

It is the intent of DAODAS and DHHS to continue our cooperation and the transfer of \$3 million during FY15 for the priorities listed below as well as other priorities that may be identified around opioid addiction referral and treatment programs working in conjunction with the Prescription Drug Monitoring Program at the Department of Health and Environmental Control.

### Proposed Expenditures

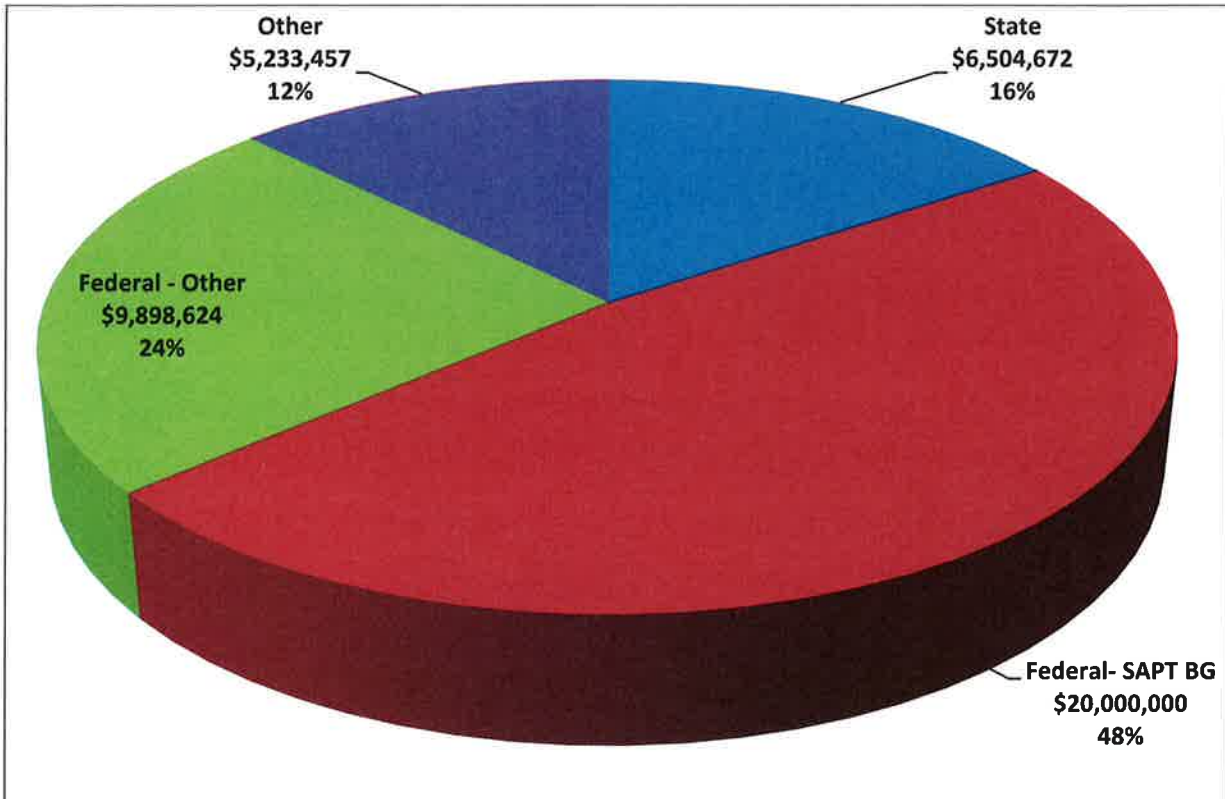
Electronic Health Records <i>Up-Front Costs and One Year's Annual Cost for AOD System</i>	\$ 800,000
Statewide Training and Professional Development	\$ 100,000
Family Care Centers <i>Competitive Grant Application</i>	\$ 1,400,000
Improve Service Access <i>Competitive Grant Application</i>	\$ 500,000
Improve Service Engagement <i>Competitive Grant Application</i>	\$ 200,000
<b>TOTAL OTHER REVENUE</b>	<b>\$ 3,000,000</b>





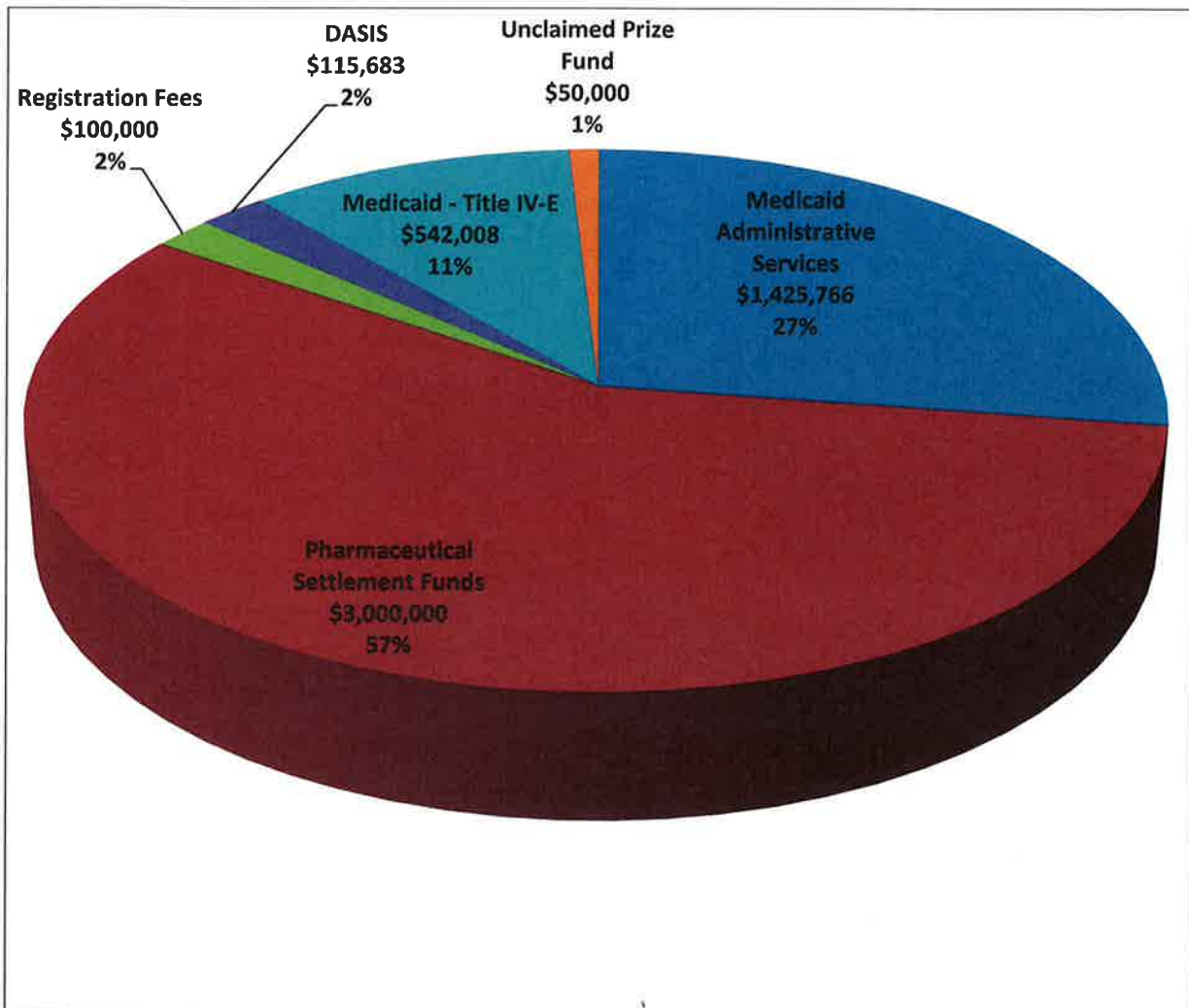
**South Carolina Department of Alcohol and Other Drug Abuse Services  
Total Budgeted Revenue Sources for FY15**

State	\$ 6,504,672
Federal - SAPT BG	\$ 20,000,000
Federal - Other	\$ 9,898,624
Other	<u>\$ 5,233,457</u>
<b>TOTAL</b>	<b>\$ 41,636,753</b>



**South Carolina Department of Alcohol and Other Drug Abuse Services**  
**Total Budgeted *Other* Revenue Sources for FY15**

Medicaid Rehabilitative Services <i>Contractual Services with DHHS</i>	\$ 1,425,766
Registration Fees	\$ 100,000
DASIS <i>Federal Funds for DAODAS to Produce and Submit Treatment Episode Data Sets (TEDS) to SAMHSA</i>	\$ 115,683
Medicaid – Social Security Act Title IV-E <i>Medicaid Administrative Activities Unrelated to Direct Services Provided, but Necessary for the Proper and Efficient Administration of the Medicaid Program in South Carolina</i>	\$ 542,008
Pharmaceutical Settlement Funds	\$ 3,000,000
Unclaimed Prize Fund <i>South Carolina Education Lottery</i>	<u>\$ 50,000</u>
<b>TOTAL OTHER REVENUE</b>	<b>\$ 5,233,457</b>



## **South Carolina Department of Alcohol and Other Drug Abuse Services Budget Request 2014-2015**

### **Recommended Appropriations**

The Governor's Fiscal Year 2015 Executive Budget recommends:

- No increase from FY14 levels of operating support
- Current Recurring State Base: \$6,504,702 (includes Local Salary Supplement)
- Decision Package – Program Structural Change (MIR Rolled Into Finance and Operations)
- Decision Package – Federal Funds Authorization Increase (\$1,918,913)
  - SBIRT
- “Other Funds” Authorization Increase of \$542,008 – Title IV-E
  - Medicaid Administrative Activities
- A \$100,000 Allocation from the Unclaimed Lottery Prize Fund [**Section 59-150-230(I)**]
- No capital or nonrecurring funds

## **South Carolina Department of Alcohol and Other Drug Abuse Services Gambling Services**

### **Mandates**

**Section 59-150-230(I)** of the **South Carolina Education Lottery Act** directs that a portion of **unclaimed prize money** – *to be determined through the annual appropriations process* – be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling “hotline,” prevention programming and, in part or in total, mass communications efforts.

**DAODAS Proviso 37.2** (Renumbered Base) positions DAODAS as the primary resource for services related to compulsive gambling and directs the department to provide information, education, and referral services.

### **Funding History**

DAODAS has received funding through the unclaimed prize fund per Section 59-150-230(I) twice in the first 10 years of the Lottery. The General Assembly provided appropriations for Gambling Services in fiscal year 2002 (FY02), with funding awarded to DAODAS in January 2004 through a grant process overseen by the Budget and Control Board. This funding (\$1 million) was depleted in July 2008.

DAODAS also was appropriated dollars in fiscal year 2008 from the unclaimed prize fund to continue its efforts to provide education and treatment services for problem and pathological gamblers. These funds (\$500,000) were provided to the agency in April 2008.

During the last two fiscal years, the agency received \$50,000 of the certified unclaimed prize fund in FY12 and FY13 to operate gambling addiction services.

### **Services Provided**

Funding for gambling services is used for the prevention, intervention, and treatment of problem and pathological gambling. Specifically, the products and services provided include: a) operation of a 24/7 telephone crisis-intervention and referral “helpline”; b) sub-contracts for the screening and treatment of problem and pathological gambling; c) no-cost training for gambling counselors employed by county alcohol and drug abuse authorities; d) a Gambling Registry of Qualified Providers; e) identifying and approving outcome instruments used at assessment, discharge, and 90-day follow-up; f) authorizing problem and pathological gambling services through a utilization-review process; g) providing field technical assistance; and h) developing and implementing a marketing plan that includes the production of print, television and radio public service messages.

### **Outcomes**

Since calendar year 2004, when services began, approximately 3,000 individuals have been provided crisis-intervention and/or treatment for problem and pathological gambling.

V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVISIO 37.1  
Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 25 - II – FINANCE AND OPERATIONS.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- E. Title:**  
Descriptive Proviso Title: (TRAINING AND CONFERENCE REVENUE)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVISIO ALLOWS THE DEPARTMENT TO CHARGE FEES FOR TRAINING EVENTS AND CONFERENCES AND TO RETAIN FUNDS EARNED FROM SUCH EVENTS TO PLAN FOR FUTURE EDUCATIONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN THE SUBSTANCE ABUSE FIELD FOR PUBLIC AND PRIVATE PROVIDERS.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVISIO IS NECESSARY, AS IT DIRECTS THE EXPENDITURES OF TRAINING AND CONFERENCE FEES. IT GIVES THE AGENCY THE AUTHORITY TO CHARGE FEES NOT FOUND IN THE DAODAS ENABLING STATUTES. A WELL-TRAINED WORKFORCE OF SUBSTANCE ABUSE PREVENTION, INTERVENTION, AND TREATMENT PROFESSIONALS IS ESSENTIAL TO THE OVERALL MISSION OF THE AGENCY. DAODAS PROVIDES TRAINING OPPORTUNITIES TO A WIDE RANGE OF HEALTH PROFESSIONALS (PRIMARY CARE, DOCTORS, NURSES, BEHAVIORAL HEALTH SPECIALISTS, ETC.).
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISIO IS RECURRING BECAUSE THE ENABLING STATUTE FOR DAODAS HAS NOT BEEN AMENDED TO ALLOW THE DEPARTMENT TO CHARGE FEES FOR TRAINING EVENTS AND CONFERENCES.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
\$15,465 (FY14 TO DATE)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: KEEP**

**V. Proviso Justification Form****Agency  
Code:  
J20****Agency Name: South Carolina Department of  
Alcohol and Other Drug Abuse Services****A. Proviso Number: PROVISIO 37.2**

Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1", "New #2", etc.*):

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 25 - II – FINANCE AND OPERATIONS.

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.

**D. Action**

(Indicate Keep, Amend, Delete, or Add): CODIFY.

**E. Title**

Descriptive Proviso Title: (GAMBLING ADDICTION SERVICES)

**F. Summary**

Summary of Existing or New Proviso: THE PROVISIO ALLOWS THE DEPARTMENT TO EXPEND APPROPRIATIONS, WHEN AVAILABLE, FOR INFORMATION, EDUCATION, AND REFERRAL TO SERVICES FOR PERSONS WITH PROBLEM OR PATHOLOGICAL GAMBLING DIAGNOSES.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.

**H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**

THE PROVISIO IS NECESSARY, AS IT GIVES THE AGENCY THE AUTHORITY TO EXPEND APPROPRIATIONS WHEN THE GENERAL ASSEMBLY APPROPRIATES FUNDING FOR GAMBLING SERVICES. THE DAODAS ENABLING STATUTE DOES NOT CONTAIN THIS AUTHORITY.

**I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISIO IS RECURRING BECAUSE THE ENABLING STATUTE FOR DAODAS HAS NOT BEEN AMENDED TO ALLOW THE DEPARTMENT TO EXPEND FUNDS FOR GAMBLING SERVICES.

**J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

\$158,191 (OTHER)

**K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: CODIFY**

V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVISIO 37.3  
Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): NONE.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): DELETE.
- E. Title**  
Descriptive Proviso Title: (ELIGIBILITY FOR TREATMENT SERVICES)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVISIO ENSURES THAT CLIENTS WHO PAY ALL APPLICABLE FEES ARE ELIGIBLE TO TAKE PART IN A TREATMENT PROGRAM OFFERED BY THE DEPARTMENT. IT IS AIMED AT ENSURING THAT ALCOHOL AND DRUG SAFETY ACTION PLAN (ADSAP) CLIENTS, THE STATE'S DUI PROGRAM FOR CONVICTED OFFENDERS, WHO PAY FEES, ARE ADMITTED TO THE PROGRAM WITHOUT BARRIER.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVISIO DOES NOT DIRECT AN EXPENDITURE OR AN APPROPRIATION, BUT DIRECTS THE DEPARTMENT TO ENSURE THAT ITS ADSAP PROVIDERS ACCEPT CLIENTS WHO PAY APPLICABLE FEES WITHOUT BARRIER TO TREATMENT.
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISIO IS RECURRING AT THE REQUEST OF SENATOR JOHN LAND. IT HAS NOT BEEN ENACTED AS PART OF SECTION 56-5-2990; THE APPLICABLE CODE CITE THAT GOVERNS THE ADSAP PROGRAM AND APPLICABLE FEES.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
NONE.
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: DELETE**

V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVIS0 37.4.  
Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): NONE.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- E. Title**  
Descriptive Proviso Title: (MEDICAID MATCH TRANSFER)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVIS0 TRANSFERS THE DEPARTMENT'S DIRECT STATE APPROPRIATION DESIGNATED FOR MEDICAID MATCH TO THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS).
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVIS0 TRANSFERS THE DEPARTMENT'S STATE APPROPRIATION DESIGNATED FOR MEDICAID MATCH TO DHHS. THE CURRENT AMOUNT OF \$1,915,902 IS INADEQUATE TO FULLY FUND THE REQUIRED MATCH AMOUNT NEEDED TO PROVIDE ALCOHOL AND OTHER DRUG ABUSE SERVICES TO THE MEDICAID-ELIGIBLE POPULATION SERVED. THE MEDICAID MATCH LINE HAS BEEN CUT FROM \$4.1 MILLION TO \$1.9 MILLION SINCE AGENCY BUDGET REDUCTIONS BEGAN IN FY08. DHHS HAS AGREED TO PAY THE STATE MATCH ONCE THE \$1,915,902 HAS BEEN EXPENDED.
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVIS0 DOES NOT CREATE A NEW PROGRAM, BUT IS NEEDED TO ASSIST IN FUNDING THE FULL STATE MATCH FOR ALCOHOL AND OTHER DRUG SERVICES DELIVERED TO MEDICAID BENEFICIARIES. IT WILL BE NEEDED IN FUTURE YEARS. THE TRANSFER PROVIS0, AS INCLUDED IN THE DAODAS PROVIS0 SECTION, MAINTAINS THE JURISDICTION OF THE FUNDING AS APPROPRIATED TO THE DEPARTMENT AND ASSISTS IN MEETING FEDERAL MAINTENANCE OF EFFORT REQUIREMENTS IN ORDER TO RECEIVE THE FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT AND TO AVOID POSSIBLE REDUCTIONS IF THE MEDICAID MATCH FUNDS WERE DIRECTLY APPROPRIATED TO DHHS.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
\$1,915,902.
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE

**GOVERNOR'S RECOMMENDATION: KEEP**



V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVISIO 37.5.  
Using the renumbered proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): NONE.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- E. Title**  
Descriptive Proviso Title: (HEALTH INFORMATION TECHNOLOGY)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVISIO DIRECTS THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) TO WORK WITH DAODAS AND LOCAL ALCOHOL AND DRUG ABUSE PROVIDERS TO ACQUIRE FUNDING FOR THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVISIO DOES NOT DIRECT THE EXPENDITURE OF FUNDS. IT DIRECTS COLLABORATION OF TWO STATE AGENCIES TO PURSUE FUNDING THROUGH GRANT OPPORTUNITIES OR OTHER FUNDING MECHANISMS TO PURCHASE AN ELECTRONIC HEALTH RECORDS SYSTEM FOR THE ALCOHOL AND DRUG ABUSE SERVICE SYSTEM IN SOUTH CAROLINA.
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected:  
THE PROVISIO REMAINS IN THE BUDGET AS THE TWO AGENCIES CONTINUE TO WORK TOGETHER TO FUND THE OPERATION AND MANAGEMENT OF AN ELECTRONIC HEALTH RECORD SYSTEM FOR THE SUBSTANCE ABUSE SYSTEM DURING FISCAL YEAR 2015.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
NONE.
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: KEEP**

## South Carolina Department of Alcohol and Other Drug Abuse Services Information Security Survey

**Agency Name:** South Carolina Department of Alcohol and Other Drug Abuse Services

**Person Completing Form:** Walt Oliver, Information Technology Manager

**Date:** February 4, 2014

1. Is your agency in the process of reviewing and implementing the security policies issued by the Division of Information Security (Risk Management; Mobile Security; Information Systems, Acquisitions, Development, and Maintenance; HR and Security Awareness; Access Control; Asset Management; and Data Protection and Privacy)?

*Yes. DAODAS is the process of harmonizing our existing security policies with those promulgated by the Division of Information Security (DIS). The estimate is that our efforts are about 85% complete.*

2. Does the agency director or his non-IT designee attend the monthly statewide IT security meetings for agency directors hosted by the Division of Information Security and Deloitte?

*Yes.*

3. Does the agency IT director and CISO attend the monthly IT security meetings for IT professionals hosted by the Division of Information Security and Deloitte?

*Yes.*

4. As a first step in helping agencies identify and categorize data they manage and maintain, the Division of Information Security has provided tools and guidance to help agencies create an inventory of all IT assets (servers, network equipment, computers, mobile devices, etc.). Has your agency started this process?

*Yes, the department has completed this process.*

5. Through the Budget and Control Board's project to improve cyber security in our state, funding was provided to complete 18 agency risk assessments? Was your agency one of the 18 to complete this risk assessment? If so, has the assessment been completed? If your assessment has been completed, is your agency working on a corrective action plan to address the issues identified through the assessment?

*DAODAS was not among the 18 agencies chosen to complete the risk assessments.*

6. If your agency has not been scheduled to receive one of the 18 assessments, are you using the self-assessment tool (provided by DIS) to identify areas of risk within your agency? If your self-assessment has been completed, are you working on a corrective action plan to address the issues identified in the self-assessments?

*DAODAS is undertaking the risk assessment and is approximately 80% completed with the self-assessment tool. The department's information technology (IT) staff has been using a gap-analysis process and is correcting problems as identified. Most problems have been minor in nature.*

7. Are you aware of the enterprise security services that DIS is in the process of deploying for state agencies?
- VPN/2Factor
  - Laptop Encryption
  - Privileged User Management
  - Patch Management
  - Security Awareness Training
  - Unified Threat Manager (UTM)

Have you reviewed these offerings and is your agency working with DIS to take advantage of these free services?

*Yes, the IT staff is aware of all the enterprise security devices offered by DIS. For example, all laptops are encrypted.*

8. In an effort to build a professional development/training program for agency security officers, DIS has requested that each agency identify all employees who play a role in managing Cyber Security. Is your agency working to complete this request?

*Yes. The agency has completed the task. DAODAS has two employees who oversee Cyber Security.*